

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042656

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 77

FILED OCT 30 1963

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breton		c. CITY OR TOWN Mineral Point	
Length of stay in 1b 12 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi SE of Potosi, Mo.		d. STREET ADDRESS (If outside, give location) Rt. 1	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Amos Middle B. Last Gough			4. DATE OF DEATH Month Oct. Day 27 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-1923	9. AGE (last birthday) 40	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY Mining		
11. BIRTHPLACE (City and state or country) Washington Co., Mo.			12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME Arthur Gough		13b. MOTHER'S MAIDEN NAME Mary Rose Valley		14. NAME OF HUSBAND OR WIFE Zetta Mc Intyre Rt. 1 Mineral Pt., Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA LEFT MASTOID		INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour 1:55 a.m. p.m.	Month, Day, Year October 1, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Potosi, Missouri	
20g. COUNTY		20h. STATE	

21. I attended the deceased from October 1, 1963 to October 27, 1963 and last saw him alive on October 27, 1963	
Death occurred at 1:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Edw. L. Lake, Jr.	(Degree or title)	22b. ADDRESS Potosi, Missouri	22c. DATE SIGNED Oct 28, 1963
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-29-1963	23c. NAME OF CEMETERY OR CREMATORY Hopewell	23d. LOCATION (City, town, or county) Rt. 1 Mineral Point, Missouri
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24. FUNERAL DIRECTOR Sparks	ADDRESS Potosi, Missouri	25. DATE RECD. BY LOCAL REG. 10-28-63	26. REGISTRAR'S SIGNATURE Helmut Erdall
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ronald Sparks

Licensed Embalmer No.

4819

P. O. Address

Sotozi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.